



Fact Sheet 2012

The goal of the Mississippi Trauma Care System is to deliver the **right** patient to the **right** hospital in the **right** time. Research shows that this approach saves lives.

Background

- 1990 US Congress passes the Trauma Care Systems Planning and Development Act (HR1602).
- 1991 Department of Emergency Medical Services (of the Mississippi Department of Health) is designated as the lead agency for trauma system development.
- 1992 Development and implementation of the state-wide Trauma Registry.
- 1997 The Trauma Care Task Force is established by the Mississippi Legislature.
- 1998 Legislature passes HB 966 establishing:
 - State-wide Trauma Care System
 - Trauma Care Trust Fund
 - Mississippi Trauma Advisory Committee (MTAC)
- 1999 Legislature adds \$6 million to Trauma Care Trust Fund.
- 2002 State Trauma Plan is recognized by Centers for Medicare/Medicaid Services as a “community plan,” plan implementation begins in 2003.
- 2005 Legislature authorizes a \$5 increase in moving traffic violations for the Trauma Care Trust Fund.
- 2008 Legislature passes HB1405 which:
 - Increases funding to the Trauma Care Trust Fund from traffic fines and ATV/motorcycle point-of-sale fees
 - Mandates hospital participation in the system based on capability (“Play or Pay”)
 - Eliminates uncompensated (indigent) care funding and implements block grant funding based on participation

System Administration

Every Mississippi licensed acute care facility is required to participate in the Mississippi Trauma Care System. Each year, hospitals must complete a survey form to determine, or confirm, their level of designation in the Trauma System. The clinical requirements for the different levels of Trauma Center participation/designation are (Note: All services must be available 24 hours per day, seven days per week):

- Level I Trauma Center:
 - Emergency Medicine
 - General/Trauma Surgery
 - Orthopedic Surgery
 - Neurological Surgery
 - Post Anesthesia Care Unit
 - Intensive Care Unit
 - Surgical Residency Program

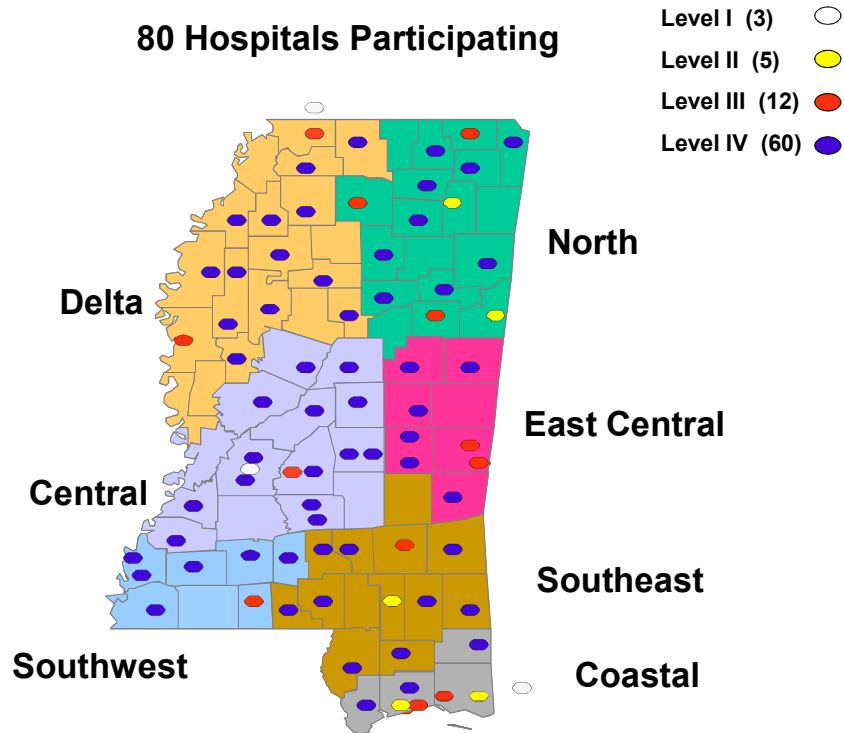
- Level II Trauma Center
 - Emergency Medicine
 - General/Trauma Surgery
 - Orthopedic Surgery
 - Neurological Surgery
 - Post Anesthesia Care Unit
 - Intensive Care Unit
- Level III Trauma Center
 - Emergency Medicine
 - General/Trauma Surgery
 - Orthopedic Surgery
 - Post Anesthesia Care Unit
 - Intensive Care Unit
- Level IV Trauma Center
 - Emergency Medicine

After the hospitals complete the survey form, it is reviewed by the Trauma Care Region, which makes a recommendation to the Department. Hospitals that are not participating or are not designated at their assessed capability must pay a non-participation fee (“Play or Pay”). Level IV capable facilities do not have to be designated or pay a non-participation fee, but must participate in the system by submitting data to the state Trauma Registry.

The Mississippi Trauma Care System is designed as a regional system of care. The Department contracts with the seven designated Trauma Care Regions to provide administrative oversight, performance improvement, Trauma Registry review, and clinical guidance to the participating hospitals and EMS providers within the region. Each region is a 501(c)(3) corporation with its own Board of Directors, by-laws, and regional Trauma Care Plan. The seven regional plans are combined with the Department’s trauma plan to make the State Trauma System-of-Care Plan, which is recognized by the Centers for Medicare/Medicaid Services (CMS) as a community plan.

Currently, the system is comprised of seven Trauma Care Regions with the following hospitals:

- Three Level I Trauma Centers
 - UMMC, Jackson (tertiary Pediatric Trauma Center)
 - Regional Medical Center, Memphis
 - University of South Alabama, Mobile (secondary Pediatric Trauma Center)

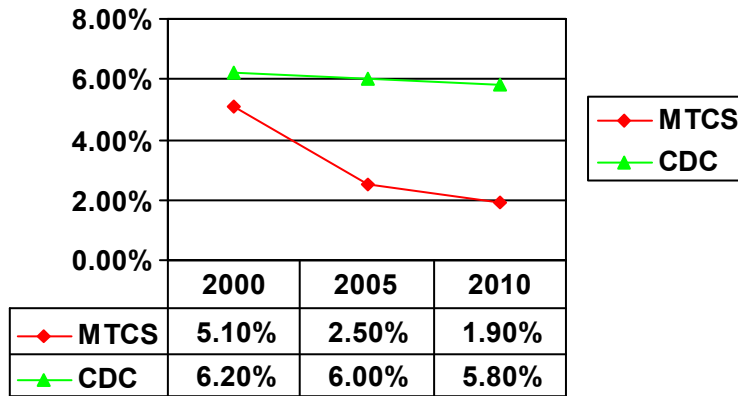


- Five Level II Trauma Centers
 - North Mississippi Medical Center, Tupelo (secondary Pediatric Trauma Center)
 - Baptist Memorial Hospital-Golden Triangle, Columbus (secondary Pediatric Trauma Center)
 - Forrest General Hospital, Hattiesburg
 - Memorial Hospital of Gulfport, Gulfport
 - Singing River Hospital, Pascagoula
- Twelve Level III Trauma Centers
- Sixty Level IV Trauma Centers

(Note: All adult Trauma Centers are also designated as primary Pediatric Trauma Centers unless they apply to be a higher level.)

Achievements

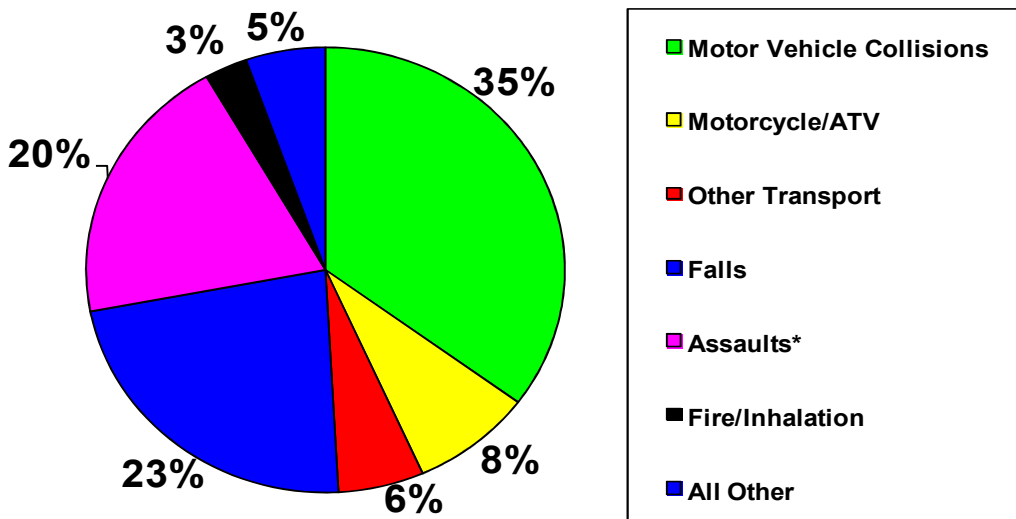
- The only functioning mandatory Trauma System in the country; nationally recognized as a model Trauma System.
- As trauma is a surgical disease, state-wide trauma protocols have been established to rapidly get patients to the most appropriate surgical service, which is frequently **not** the closest hospital.
- Burn care is again available in the state with the designation of the J.M Still Burn Center, Crossgates River Oaks Hospital, Brandon.
- Sustained reduction of trauma mortality below national levels:



(MTCS – Mississippi Trauma Care System, CDC-Centers for Disease Control)

Trauma Care Trust Fund

The sustainable funding source for the Trauma Care System is generated from the greatest cause of trauma: Motor Vehicle incidents.



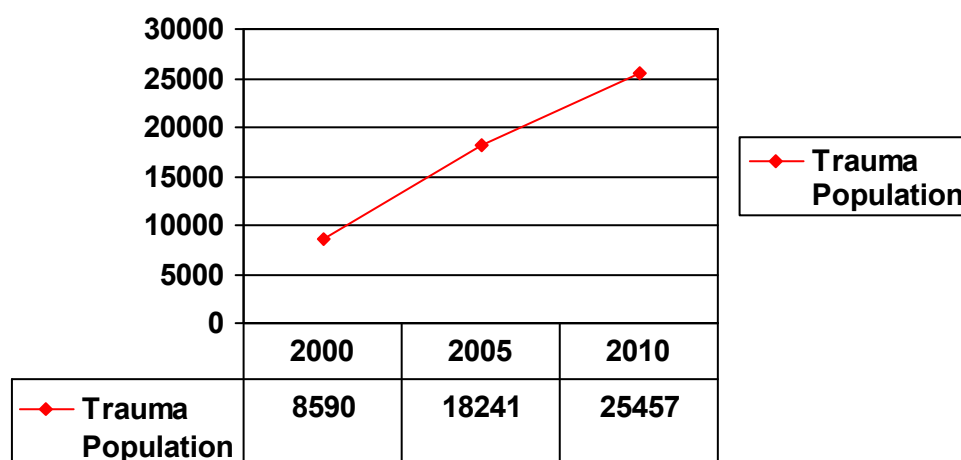
* Assault includes homicide, suicide, gunshot wound, stabbing, blunt force trauma, sexual assault, child abuse, intentional poisoning, and intentional strangulation/suffocation.

Funding is comprised of traffic fines, license plate renewal fees, and motorcycle/ATV/boat point-of-sale fees. Over the past year, collections have averaged approximately \$1.9M per month. For 2011, a total of \$23.35M was distributed to hospitals, EMS, and Trauma Care Regions for participation in the system.

Summary

Trauma remains the leading cause of death for Mississippians age 1 to 44 and Mississippi ranks fourth (behind West Virginia, Wyoming, and Montana) in the nation for accidental injury deaths. In 1998, Mississippi was first in the nation in accidental deaths.

Even though the trauma patient population has grown three-fold during this period, the overall number of deaths due to trauma has remained fairly stable (2000-440, 2010-504), further demonstrating a reduction in the trauma death rate.



A 1996 research article published in the New England Journal of Medicine, titled “A National Evaluation of the Effect of Trauma Center Care on Mortality” researched the effectiveness of trauma centers, especially due to the high cost of trauma care. Sixty nine (69) hospitals in 14 states, 18 trauma centers and 51 non-trauma centers, were evaluated, along with the outcomes of 5,191 patients. The overall findings were that in-hospital mortality rates were significantly lower at trauma centers than non-trauma centers (7.6 vs. 9.5), and the authors concluded that “the risk of death is lower when care is provided in a trauma center rather than in non-trauma center.”

Mississippi’s Trauma Care System is unique within the country, and is a source of pride to all who have been involved in its development and its continued operation. Lives have been saved due to the evolution of this program. Neither the State of Mississippi, nor its residents or visitors, can afford any reduction in this program.